

0500003

N/A

18MM8333 116

|  |  |   |  |   |  |  |  |                                  |          |   |
|--|--|---|--|---|--|--|--|----------------------------------|----------|---|
| OBTS Number  |  | <b>ARREST / NOTICE TO APPEAR<br/>Juvenile Referral Report</b>   |  |   |  | 1. Arrest 3. Request for Warrant<br>2. N.T.A. 4. Request for Capias  |  | 1                                | Juvenile | N   |
| Agency ORI Number<br><b>FL 0500300</b>   |  | Agency Name<br><b>BOYNTON BEACH POLICE DEPT.</b>  |  |   | Agency Report Number<br><b>34-18-037597</b>  |  |  |                                  |          |   |
| Charge Type:<br>Check as many as Apply.  |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony  |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                 |  | If Weapon Seized Enter Type      |          | Multiple Clearance Indicator<br><b>01</b>   |
| Location of Arrest (Including Name of Business)<br><b>500 SW 1ST ST, BOYNTON BEACH, FLORIDA 33435</b>  |  |   |  |   | Location of Offense (Business Name, Address)<br><b>500 SW 1ST ST, BOYNTON BEACH, FLORIDA 33435</b> |  |  |                                  |          |   |
| Date of Arrest<br><b>07/21/2018</b>  |  | Time of Arrest<br><b>0016</b>   |  | Booking Date  |  | Booking Time   |  | Jail Date                        |          | Jail Time   |
| Name (Last First Middle)<br><b>Peters, Samantha, Joan</b>  |  |   |  |   |  |  |  |                                  |          |   |
| Alias (Name, DOB, Soc Sec #, Etc)  |  |   |  |   |  |  |  |                                  |          |   |
| W - White<br>B - Black   |  | I - American Indian<br>O - Oriental / Asian   |  | Sex<br><b>W</b>   |  | Date of Birth<br><b>03/15/1987</b>   |  | Height<br><b>5'06</b>            |          | Weight<br><b>150</b>  |
| Eye Color<br><b>BROWN</b>  |  | Hair Color<br><b>BLACK</b>  |  | Complexion<br><b>LIGHT</b>  |  | Build<br><b>THIN</b>   |  |                                  |          |   |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  |  |   |  |   |  | Mental Status<br><b>DIVORCED</b>   |  | Religion<br><b>CATHOLIC</b>      |          | Indication of Alcohol Influence<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| Local Address (Street, Apt Number)<br><b>500 SW 1ST ST</b>   |  | (City)<br><b>BOYNTON BEACH</b>  |  | (State)<br><b>FLORIDA</b>   |  | (Zip)<br><b>33435</b>  |  | Phone<br><b>( ) - ( ) - ( )</b>  |          | Residence Type<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>1</b>   |
| Permanent Address (Street, Apt Number)   |  | (City)  |  | (State)   |  | (Zip)  |  | Phone                            |          | Address Source<br><b>VERBAL</b>   |
| Business Address (Street, Apt Number)  |  | (City)  |  | (State)   |  | (Zip)  |  | Phone                            |          | Occupation<br><b>UNEMPLOYED</b>   |
| DL Number, State<br><b>N/A</b>   |  | Soc Sec Number  |  | INS Number  |  | Place of Birth<br><b>BRITAIN</b>   |  | Citizenship<br><b>BRITAIN</b>    |          |   |
| Co-Defendant Name (Last, First, Middle)  |  |   |  | Race  |  | Sex  |  | Date of Birth                    |          | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large  |
| Co-Defendant Name (Last, First, Middle)  |  |   |  | Race  |  | Sex  |  | Date of Birth                    |          | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other  |  | Name (Last) (First) (Middle)  |  | Residence Phone   |  |  |  |                                  |          |   |
| Address (Street, Apt Number)   |  | (City)  |  | (State)   |  | (Zip)  |  | Business Phone                   |          |   |
| Notified by (Name)   |  | Date  |  | Time  |  | Juvenile Disposition<br>1. Handled/Processed within Dept and Released<br>2. TOT HRS/DYS<br>3. Incarcerated |  |                                  |          |   |
| Released To (Name)   |  | Relationship  |  | Date  |  | Time   |  |                                  |          |   |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address.   |  |   |  |   |  | School Attended  |  | Grade                            |          |   |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Description of Property   |  |   |  | Value of Property  |  |                                  |          |   |
| Drug Activity<br>N N/A<br>P. Possess   |  | S Sell<br>B Buy<br>T. Traffic   |  | R Smuggle<br>D. Deliver<br>E. Use   |  | K Dispense/Distribute  |  | M. Manufacture/Produce/Cultivate |          | Z. Other  |
| Drug Type<br>N N/A<br>A. Amphetamine   |  | B Barbituate<br>C. Cocaine<br>E Heroin  |  | H Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.   |  | P. Paraphernalia/Equipment<br>S. Synthetic   |  | U. Unknown<br>Z. Other           |          |   |
| Charge Description<br><b>SIMPLE BATTERY (DOMESTIC)</b>   |  | Counts<br><b>1</b>  |  | Domestic Violence<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |  | Statute Violation Number<br><b>784.03.1A1</b>  |  | Violation of ORD#                |          |   |
| Drug Activity<br><b>N/A</b>  |  | Drug Type<br><b>N/A</b>   |  | Amount/Unit<br><b>N/A</b>   |  | Offense #<br><b>18-037597</b>  |  | Warrant/Capias Number            |          | Bond  |
| Charge Description   |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |  | Statute Violation Number   |  | Violation of ORD#                |          |   |
| Drug Activity  |  | Drug Type   |  | Amount/Unit   |  | Offense #  |  | Warrant/Capias Number            |          | Bond  |
| Charge Description   |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |  | Statute Violation Number   |  | Violation of ORD#                |          |   |
| Drug Activity  |  | Drug Type   |  | Amount/Unit   |  | Offense #  |  | Warrant/Capias Number            |          | Bond  |
| Charge Description   |  | Counts  |  | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |  | Statute Violation Number   |  | Violation of ORD#                |          |   |
| Drug Activity  |  | Drug Type   |  | Amount/Unit   |  | Offense #  |  | Warrant/Capias Number            |          | Bond  |
| <input type="checkbox"/> Instruction No 1<br><input type="checkbox"/> Instruction No 2   |  | Location (Court, Room Number, Address)<br><b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> |  |   |  |  |  |                                  |          |   |
| You need not appear in Court but must Comply with instruction on reverse side.   |  | Court Date and Time   |  | Month   |  | Day  |  | Year                             |          | Time  |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |  |   |  |   |  |  |  |                                  |          |   |
| Signature of Defendant (or Juvenile and Parent/Custodian)  |  |   |  |   |  | Date Signed  |  |                                  |          |   |
| HOLD for other Agency<br>Name  |  | Signature of Arresting Officer<br><b>D. ROBERTS</b>   |  |   |  | Name Verification (Printed by Arrestee) (PRINT)<br><b>BU# 111599</b>                                       |  |                                  |          |   |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal  |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other  |  | Name of Arresting Officer (Print)<br><b>D. ROBERTS</b>  |  | I.D.#<br><b>975</b>  |  | Agency<br><b>BBPD</b>            |          | Witness here is subject Signed with an 'X'.   |
| Intake Deputy<br><b>D. Thompson</b>  |  | I.D.#   |  | Pouch #   |  | Transporting Officer<br><b>Helpson</b>   |  | I.D.#<br><b>990</b>              |          | Page<br><b>1 OF 1</b>   |

NOT A CERTIFIED COPY

VICTIM NOTIFICATION  
REQUIRED

2018 JUL 21 AM 5:47  
PALM BEACH COUNTY  
CLERK OF COURT  
COURT REPORTING  
SECTION

SCANNED  
JUL 21 AM 2:37  
JUL 22 2018



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**



On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_  
 Subject: SAMANTHA JOAN PETERS DOB: 03/15/1987 Case #: 18-037597  
 Charge Description: SIMPLE BATTERY (DOMESTIC) Statute #: 784.03.1A1  
 Victim: ANDREW JOSEPH SNYDER DOB: 07/09/1986 Race: W Sex: M  
 Local Address: 500 SW 1ST ST, BOYNTON BEACH FL, 33435  
 Personal Contact: 561-567-3917

**Narrative:**

On July 20, 2018 at approximately 2308 hours, I responded to 418 SW 1St St. Boynton Beach Florida in reference to a delayed assault. B.B.P.D Communications Personnel advised that w/f, Samantha Joan Peters (03/15/1987) advised that a male later identified as Andrew Joseph Snyder (07/09/1986) assaulted her. It was also advised that Snyder reported being hit by Peters. For documentation purposes, Peters and Snyder have been in an intimate relationship approximately (9) months, through which time they have lived together.

On arrival, I made contact with Snyder who initially advised that he was involved in a verbal dispute which later became physical. Snyder then recanted his statement advising nothing physical occurred. Later in a sworn statement, Snyder advised that a verbal argument turned physical. Snyder explained that after a heated argument, Peters attacked him and tried to kick him in his face. Snyder stated that during this time he tried to push Peters off of him to prevent further assault. I observed bruising on Snyder's right bicep; however, he advised it was unrelated. I offered medical assistance but Snyder refused. Snyder advised that during the assault, house manager Kevin D Schroeder broke up the altercation.

I later made contact with Peters who stated that earlier in the evening, Snyder verbally degraded her which later escalated to him choking her (BBFR refused). I observed no injuries to Peter's person to support her claim. Peters stated that Snyder assaulted her by putting his hands around her neck. Peters advised that she defended herself by slapping Snyder in the face. A short while later, Peters changed her statement advising that due to Snyder degrading her, she punched Snyder "pretty hard" in the back of his head. I observed no injuries on Snyder's head.

I made contact with house manager Kevin D Schroeder who advised he was present for portions of the incident. Schroeder stated that Snyder and Peters were back and forth in an argument which later became physical. Schroeder stated he tried to separate the both parties when he observed Peters strike Snyder in the back of his head. Schroeder stated that Snyder spoke to Peters in a degrading manner; however, he did not see Snyder choke Peters.

Based on the facts of my investigation, I find probable cause to charge Samantha Joan Peters with (1) count simple battery pursuant to F.S.S 784.03.1A1. My investigation revealed that Peters admitted to striking Snyder in the back of his head which was consistent with (witness) Schroeder's statement. Peters was handcuffed (D/L and spaced) and process at Boynton Beach Police Department prior to being turned over to Palm Beach County Jail. N/FCIC checks yielded negative results. Photos of both subjects were taken and will be submitted into evidence.

Defendant's Statement: Taped Victim's Statement: Taped

Observation Of Victim (Physical and Emotional):

**UPSET, BRUISE ON RIGHT BICEP**

Relationship Between Victim and Suspect:

**BOYFRIEND/ GIRLFRIEND**

**SCANNED  
JUL 22 2018**

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: ALYSSA SOTALVO  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

### Victim Contact Information:

Phone Home: 561-567-3917 Work: 561-541-8429  
 Employer: SAFEWATCH  
 Relative Name: N/A Phone: \_\_\_\_\_  
 Address: 500 SW 1ST ST  
 City/State: BOYNTON BEACH, FL, 33435

State Of Florida  
 County Of Palm Beach

Appeared before me, D. ROBERTS, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]  
 Signature Of Arresting Officer

Sworn to and subscribed to me before this 21 day of JULY, 2018

[Signature]  
 Notary/Clerk Of Court/Officer (F.S.S. 117.10)

SCANNED  
 JUL 22 2018

# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide (Ch. 782)**
- **Attempted Murder**
- **Stalking (S. 784.084)**
- **Domestic Violence** (This includes any *Assault, Agg. Assault, Battery, Agg. Battery, Sexual Assault, Sexual Battery, Stalking, Agg. Stalking* or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same dwelling)
- **Sexual Offense (Ch. 794)**
- **Attempted Sexual Offense**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-037597 Agency: Boynton Beach Police Department  
Offense: SIMPLE BATTERY (DOMESTIC)  
Suspect/Offender: SAMANTHA JOAN PETERS  
DOB: 03/15/1987 Race: W Sex: F
2. Warrant # (s): \_\_\_\_\_
3. Complete one (1) of the following:
  - A. Victim's Name: ANDREW JOSEPH SNYDER  
Address: 500 SW 1ST ST  
City: BOYNTON BEACH State: FL Zip: 33435  
Home #: 561-567-3917 Work #: 561-541-8429 Other: \_\_\_\_\_
  - B. Victim's Next of Kin: N/A  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - C. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
\_\_\_\_\_

**WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.**

Signature of Victim: \_\_\_\_\_

Printed Name of Victim: ANDREW JOSEPH SNYDER

Officer's Name: D. ROBERTS I.D.# 975 Date: 07/21/2018

SUSPECT/OFFENDER:

SAMANTHA JOAN PETERS

COURT CASE/ WARRANT #:  
(FOR WARRANTS USE ONLY)

SCANNED

JUL 22 2018



**Palm Beach County Sheriff's Office – Arrests Only**

|   | X                                   | Florida State Statute                | Description  | Page Number(s) |
|---|-------------------------------------|--------------------------------------|--|----------------|
| I/E Exemptions  | <input type="checkbox"/>            | 119.071(2)(d)                        | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|   | <input type="checkbox"/>            | 943.053, 943.0525                    | NCIC/FCIC/FBI and in-state FDLE/DOC.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(c)                        | Undercover personnel.  |                |
|   | <input type="checkbox"/>            | 119.071(2)(f)                        | Confidential informants (CIs).   |                |
|   | <input type="checkbox"/>            | 119.071(2)(e)                        | Confession.  |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                            | Juvenile offender records.   |                |
|   | <input type="checkbox"/>            | 119.071(h)(i)                        | Assets of a crime victim.  |                |
|   | <input type="checkbox"/>            | 395.3025(7)(a), 456.057(7)(a)        | Medical information.   |                |
|   | <input type="checkbox"/>            | 394.4615(7)                          | Mental health information.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                  | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.  |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.   | 2              |
|   | <input type="checkbox"/>            | (viii) 394.4615(7)                   | Clinical records under the Baker Act.  |                |
|   | <input type="checkbox"/>            | (xii) 741.30(3)(b)                   | The victim's address in a domestic violence action on petitioner's request.  |                |
|   | <input type="checkbox"/>            | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|   | <input type="checkbox"/>            |                                      |  |                |
| Other   | <input type="checkbox"/>            |                                      | Other:   |                |
|   | <input type="checkbox"/>            |                                      | Other:   |                |

REVIEW COMPLETED BY

|                            |                                  |
|----------------------------|----------------------------------|
| Booking Number: 2018024276 | Date: 07/22/2018                 |
|                            | Specialist Name/ID: howardt/7185 |

**SCANNED**  
**JUL 22 2018**